



# Dr.P. S. Shankar Pratishthan, Kalaburagi

## Application for Medical Scholarship 2025-26

1. First Name:	Middle Name:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Date Of Birth:	Gender:	
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
3. Father's Name:	Phone Number:	Occupation:
<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Family Annual Income in Rs.:	Income from Land If any	
<input type="text"/>	<input type="text"/>	
5. Religion:	Category:	Caste:
<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Current Address:		
Home/Apartment Number:	Area:	City:
<input type="text"/>	<input type="text"/>	<input type="text"/>
District :	Pin code:	
<input type="text"/>	<input type="text"/>	
7. Permanent Address:		
Home/Apartment Number:	Area:	City:
<input type="text"/>	<input type="text"/>	<input type="text"/>
District :	Pin code:	
<input type="text"/>	<input type="text"/>	
8. Course Attending:	Institute Name:	CET/NEET Ranking:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:		Phone Number:
<input type="text"/>		<input type="text"/>
9. Previous Education Details:		
Course Completed	Name of the Institute & Year of Passing	Marks Obtained In PCB & %
<input type="text" value="PUC"/>	<input type="text"/>	<input type="text"/>
10. Medium of instruction for I <sup>st</sup> standard to X <sup>th</sup> standard :	<input type="checkbox"/> Kannada <input type="checkbox"/> English	
11. School Studied From I Std to X Std [ Name & Place]:		
<input type="text"/>		

**Note:** Please submit in writing about the family income background and conditions of your poverty and hand ships in one or two pages enclose with this application.

Place:

Date:

Signature of Applicant